

Additional Member Information (If you have more than two people to include, use a copy of the Additional Member section and complete.)

First Name, MI, Last Name & Suffix	Marital Status	If married, do they live with their spouse? <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship to you?
Social Security Number (OPTIONAL) _____ - _____ - _____	Date of Birth ____/____/____	Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No Due Date: _____ If yes, how many babies are expected: _____	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female

Do they plan to file a federal income tax return NEXT YEAR?

☐ Yes **If yes, answer questions 1 - 3** ☐ No **If no, skip to question 3.**

Note: They can still apply for health insurance even if they don't file a federal tax return.

1. Do they expect to file a joint return with a spouse/partner? ☐ Yes ☐ No

If yes, name of spouse/partner: _____

2. Will they claim any dependents on their tax return? ☐ Yes ☐ No

If yes, list name(s) of dependents: _____

3. Are they being claimed as a dependent on someone else's tax return? ☐ Yes ☐ No

If yes, please list the name of the tax filer: _____

How are they related to the tax filer? _____

Are they applying for Medicaid, Nevada Check-Up or assistance with their health insurance premiums (Advanced Premium Tax Credit - APTC)?

☐ Yes **If yes, answer all the questions below.** ☐ No **If no, skip to the income questions.**

Note: Marking 'Yes' means they will be evaluated for federally funded medical assistance.

Social Security Number - **REQUIRED** if not listed above

_____ - _____ - _____

If they are a child, under the age of 19, do they have access to public employee coverage? ☐ Yes ☐ No

Are they a U.S. citizen? ☐ Yes ☐ No

Have they lived in the U.S. since 1996? ☐ Yes ☐ No

If not a U.S. citizen, do they have eligible immigration status? ☐ Yes ☐ No

If yes, provide the following information:

Type: _____ **ID Number:** _____

Are they, their spouse or their parent (if they are a minor) an honorably discharged veteran or active duty member of the military? ☐ Yes ☐ No

Are they a full-time student? ☐ Yes ☐ No

Are they an American Indian or Alaskan Native? ☐ Yes ☐ No

If yes, what tribe?

If under age 26, have they ever been in foster care? ☐ Yes ☐ No **If yes, what state?** _____

Age when they left the program? _____ Did they receive health care through a state Medicaid program? ☐ Yes ☐ No

Are they a parent or primary caretaker relative of any child(ren), under the age of 19, in the household?

☐ Yes ☐ No **If yes, who?** _____

Do they have medical bills for the past three months that they need help with? ☐ Yes ☐ No

If yes, what months?

Need help with your application?

Call 1-800-992-0900 (voice) or 1-800-326-6888 (TTY) or visit us online at www.dwss.nv.gov

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Additional Member Information continued:			
Are they legally blind or permanently disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are they receiving Supplemental Security Income (SSI)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do they need help with activities of daily living through personal assistance services or a medical facility? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Current Job and Income Information		<input type="checkbox"/> Not employed - Skip to 'Other Income' section	
CURRENT JOB:			
In the past 3 months, did they: <input type="checkbox"/> Change jobs <input type="checkbox"/> Stop working <input type="checkbox"/> Work fewer hours <input type="checkbox"/> None of these			
Employer Name: (if self-employed, write 'SELF')		Average hours worked each week	
Employer Address:		Employer Phone Number: ()	
City:	State:	Zip Code:	
Gross wages/tips per pay period: \$	How often are they paid? <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually		
If self-employed, please answer the following questions:			
Type of work: _____			
How much net income (profits once expenses are paid) will they receive this month? \$ _____			
OTHER INCOME: Check all that apply and give amount and how often they receive it.			
Note: They don't need to tell us about child support or veteran's disability payments. Certain money received may or may not be counted for Medicaid and Nevada Check-Up. Let us know if any money received is considered tribal income.			
			Tribal Income?
<input type="checkbox"/> None			
<input type="checkbox"/> Unemployment	\$ _____	How often? _____	
<input type="checkbox"/> Retirement	\$ _____	How often? _____	
<input type="checkbox"/> Pensions	\$ _____	How often? _____	
<input type="checkbox"/> Social Security (RSDI) Benefits	\$ _____	How often? _____	
<input type="checkbox"/> Interest/Dividends	\$ _____	How often? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Annuities	\$ _____	How often? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Rental or Royalty Income	\$ _____	How often? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Capital Gains	\$ _____	How often? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Farming or Fishing Income	\$ _____	How often? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Alimony	\$ _____	How often? _____	
<input type="checkbox"/> Scholarships & Grants	\$ _____	How often? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Cash Advances	\$ _____	How often? _____	
<input type="checkbox"/> Gambling Winnings	\$ _____	How often? _____	
<input type="checkbox"/> Other	\$ _____	How often? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Additional Member Information continued:**DEDUCTIONS (Only list deductions reported on the IRS form 1040): Check all that apply and give amount and how often.**

If they pay for certain things that can be deducted on a federal income tax return, telling us about them could reduce their countable income. **Note:** Do not include a cost they already considered in their answer to net self-employment.

- | | | |
|------------------------------------------------------------------------------------------------------------------------|----------|------------------|
| <input type="checkbox"/> Educator expenses | \$ _____ | How often? _____ |
| <input type="checkbox"/> Health savings account | \$ _____ | How often? _____ |
| <input type="checkbox"/> Moving expenses | \$ _____ | How often? _____ |
| <input type="checkbox"/> Alimony | \$ _____ | How often? _____ |
| <input type="checkbox"/> IRA deductions | \$ _____ | How often? _____ |
| <input type="checkbox"/> Business expenses of reservists,
performing artists, and fee-basis
government officials | \$ _____ | How often? _____ |
| <input type="checkbox"/> Penalty paid on early withdrawal of
savings | \$ _____ | How often? _____ |
| <input type="checkbox"/> Student loan interest | \$ _____ | How often? _____ |
| <input type="checkbox"/> Tuition and fees | \$ _____ | How often? _____ |
| <input type="checkbox"/> Domestic production activities | \$ _____ | How often? _____ |

YEARLY INCOME:

If the income listed on this page is not steady from month to month, please tell us what they expect their yearly income to be. **For example**, some people expect their income to change because they only work some months of the year. If they do not expect a change to their monthly income, skip this question.

Total annual income expected this year: \$ _____ Total annual income expected next year: \$ _____

RACE / ETHNICITY

Are they Hispanic, Latino or of Spanish origin? (optional) ☐ Yes ☐ No

If Hispanic/Latino (check all that apply - optional):

☐ Mexican ☐ Mexican American ☐ Puerto Rican ☐ Cuban ☐ Chicano/a ☐ Other

Race (optional) - check all that apply

- | | | |
|-----------------------------------------------------------|--------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> White | <input type="checkbox"/> Filipino | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Japanese | <input type="checkbox"/> Guamanian or Chamorro |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Korean | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Other Pacific Islander |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Other Asian | <input type="checkbox"/> Other |